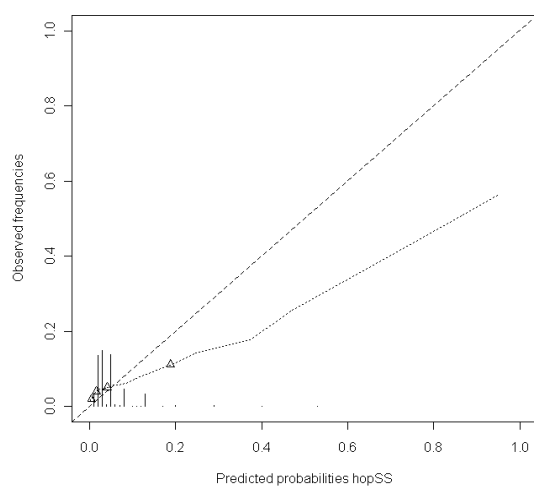
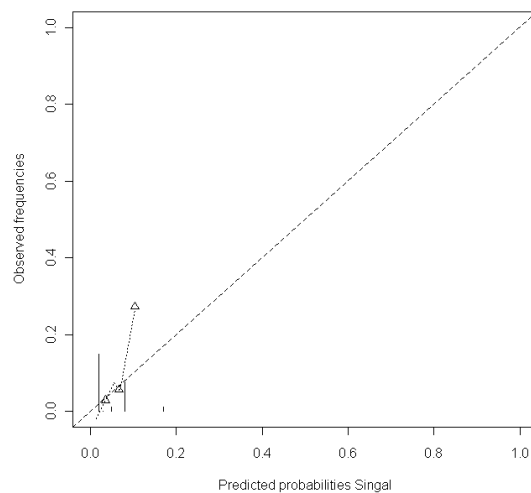


Appendix 3: Calibration plots validation models (A-F) and new developed 'symptoms and signs' model (G) and 'symptoms and signs model + CRP' (H). [posted as supplied by author]

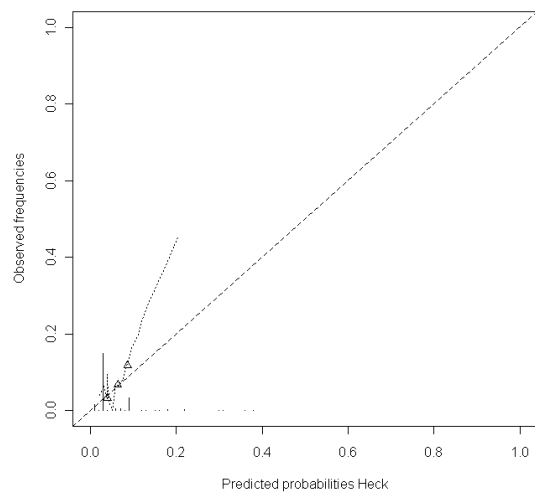
Legend: Calibration plots showing the level of agreement between the predicted risk of pneumonia according to the model (x-axis) versus the observed disease frequencies (y-axis). The dotted line shows the ideal situation in which the predicted risks and the observed frequencies are completely in agreement. The solid line shows the observed association between the predicted risks and the observed frequencies. The bars represent the number of observations. Without adjusting the intercept, predicted risks were systematically lower than the observed frequencies. Note that when the predicted risks were higher, with fewer observations, calibration became poor. After adjustment of the intercept (to correct for the difference in prevalence between the derivation and validation cohort), the calibration remained poor. Calibration was assessed for all of the 10 imputations, but did not show any significant differences. Only the plot of the mean imputation dataset is presented here.



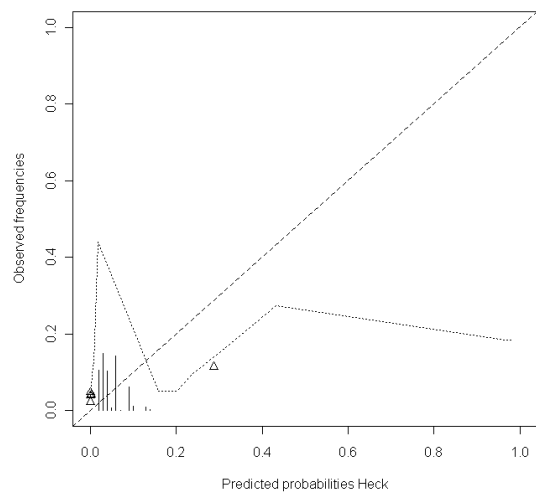
A. Model Diehr



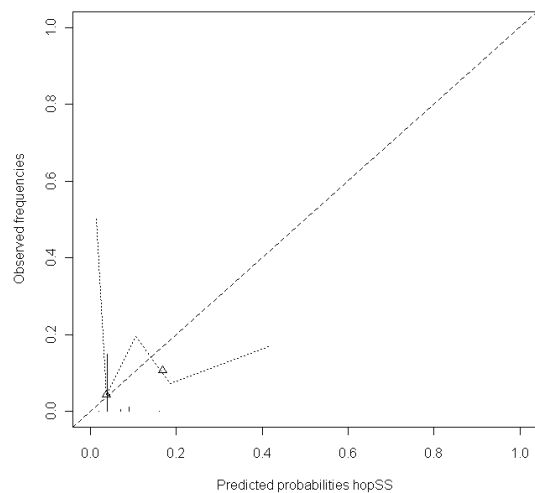
B. Model Singal



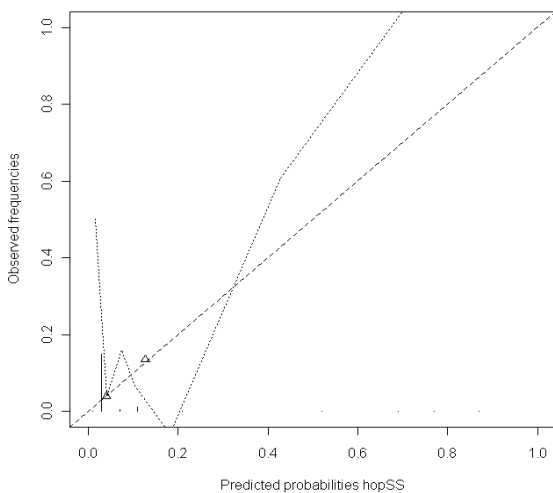
C. Model Heckerling



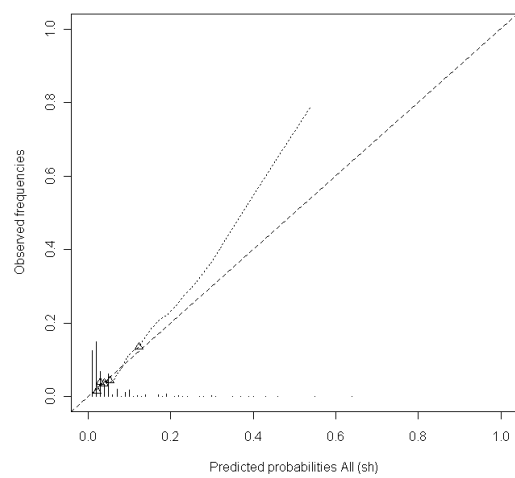
D. Model Melbye



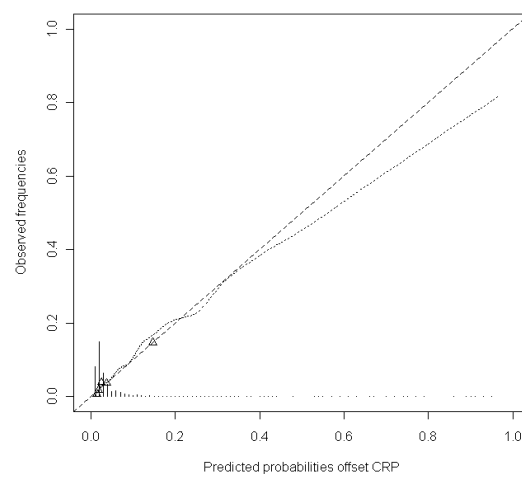
E. Model Hopstaken



F. Model Hopstaken (including CRP)



G. Recent study (new model): symptoms and signs



H. Recent study (new model): symptoms, signs and CRP